SI THAN S RESI HOME			
2020 SOUTH MUSKEGO			
MILWAUKEE 53204 Phone: (414) 383-2630	1	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	50	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/03):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	46	Average Daily Census:	45

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	용
Home Health Care	No			Age Groups	%		34.8
Supp. Home Care-Personal Care	No			1			43.5
Supp. Home Care-Household Services	No		0.0	Under 65		More Than 4 Years	19.6
Day Services	No	Mental Illness (Org./Psy)	17.4	65 - 74	4.3		
Respite Care	No	Mental Illness (Other)	26.1	75 - 84	15.2		97.8
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	54.3	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	19.6	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	2.2		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	23.9	65 & Over	93.5		
Transportation	No	Cerebrovascular	8.7			RNs	4.0
Referral Service	No	Diabetes	6.5	Gender	용	LPNs	4.3
Other Services	No	Respiratory	2.2			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	13.0	Male	0.0	Aides, & Orderlies	33.1
Mentally Ill	No	I		Female	100.0		
Provide Day Programming for		I	100.0	1			
Developmentally Disabled	No	I		1	100.0		
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## Method of Reimbursement

	Medicare Medicaid (Title 18)			Other			Private Pay			Family Care			Managed Care							
Level of Care	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	%	Per Diem (\$)	No.	양	Per Diem (\$)	No.	୍ଚ	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	34	82.9	136	0	0.0	0	5	100.0	180	0	0.0	0	0	0.0	0	39	84.8
Intermediate				7	17.1	111	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	15.2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Ir	nj O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	ent 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		41	100.0		0	0.0		5	100.0		Ο	0.0		0	0.0		46	100.0

ST ANN'S REST HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit:	ions, Services, and	d Activities as of 12/	31/03
Deaths During Reporting Period	I						
	I			9	% Needing		Total
Percent Admissions from:	I	Activities of	8	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	40.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		67.4	32.6	46
Other Nursing Homes	30.0	Dressing	17.4		58.7	23.9	46
Acute Care Hospitals	30.0	Transferring	34.8		39.1	26.1	46
Psych. HospMR/DD Facilities	0.0	Toilet Use	34.8		45.7	19.6	46
Rehabilitation Hospitals	0.0	Eating	47.8		37.0	15.2	46
Other Locations	0.0	*****	******	****	*****	******	*****
Total Number of Admissions	20	Continence		%	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	2.2
Private Home/No Home Health	0.0	Occ/Freq. Incontine	nt of Bladder	60.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	41.3	Receiving Suct	ioning	0.0
Other Nursing Homes	0.0	<u>-</u>			Receiving Ostor	my Care	0.0
Acute Care Hospitals	23.1	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	28.3
Rehabilitation Hospitals	0.0	_			-	_	
Other Locations	0.0	Skin Care			Other Resident Cl	haracteristics	
Deaths	76.9 i	With Pressure Sores		0.0	Have Advance D	irectives	89.1
Total Number of Discharges	i	With Rashes		6.5	Medications		
(Including Deaths)	13 i				Receiving Psyc	hoactive Drugs	71.7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		Ownership: This Nonprofit			Size:		ensure:				
	This				-99	Ski	lled	All			
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities		
	용	용	Ratio	8	Ratio	왕	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	90.0	87.9	1.02	88.1	1.02	86.6	1.04	87.4	1.03		
Current Residents from In-County	93.5	87.5	1.07	88.7	1.05	84.5	1.11	76.7	1.22		
Admissions from In-County, Still Residing	80.0	22.9	3.49	20.6	3.88	20.3	3.94	19.6	4.07		
Admissions/Average Daily Census	44.4	144.5	0.31	189.9	0.23	157.3	0.28	141.3	0.31		
Discharges/Average Daily Census	28.9	147.5	0.20	189.2	0.15	159.9	0.18	142.5	0.20		
Discharges To Private Residence/Average Daily Census	0.0	49.7	0.00	75.8	0.00	60.3	0.00	61.6	0.00		
Residents Receiving Skilled Care	84.8	93.9	0.90	94.9	0.89	93.5	0.91	88.1	0.96		
Residents Aged 65 and Older	93.5	97.1	0.96	91.0	1.03	90.8	1.03	87.8	1.06		
Title 19 (Medicaid) Funded Residents	89.1	50.3	1.77	48.6	1.83	58.2	1.53	65.9	1.35		
Private Pay Funded Residents	10.9	34.6	0.31	30.8	0.35	23.4	0.47	21.0	0.52		
Developmentally Disabled Residents	0.0	0.6	0.00	0.4	0.00	0.8	0.00	6.5	0.00		
Mentally Ill Residents	43.5	35.5	1.23	31.3	1.39	33.5	1.30	33.6	1.29		
General Medical Service Residents	13.0	23.0	0.57	24.1	0.54	21.4	0.61	20.6	0.63		
Impaired ADL (Mean)	49.1	51.9	0.95	48.8	1.01	51.8	0.95	49.4	0.99		
Psychological Problems	71.7	62.2	1.15	61.9	1.16	60.6	1.18	57.4	1.25		
Nursing Care Required (Mean)	4.6	7.2	0.64	6.8	0.68	7.3	0.64	7.3	0.63		